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Mailing Address (include city;	Eastern		332-70 Talashana N	-22
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E-Mail Address  Select Appropriate Box(es)	CANDIDATE PAC	" □BAG " □ POLP	RTY     IND EXP	# EMENDED
Period: July	<b>Due April 1, 2003</b> 8, 1999 – March 27, 2003 Period: July 5, 2001 – March	27, 2003		OITY CLI
-	<b>Due – May 27, 2003</b> arch 28, 2003 – May 22, 2003		•	ERK P 2: 48
٠ سوب	- <b>Due August 15, 2003</b> 23, 2003 - July 3, 2003		FOR OFFICE	E USE ONLY
	BEGINNIN	G CASH ON HAND		1 7/2
1 Cash on Hand	l at Beginning of This Reporting I	Period	4	
		ITIONS SUMMARY		
2. Total Monetary	Contributions Received This Period	d in Excess of \$100		<del>\</del>
3. Total Monetary	Contributions Received This Period	d of \$100 or Less		<del>D</del>
4. Actual Number	of Monetary Contributions This Per	riod of \$100 or Less	)	<del></del>
	come Earned This Period on Contril			<del>()</del>
6. Total Amount	of Monetary Contributions Recei	ved (Add Lines 2, 3 and 5)		<del>\</del>
	dd Lines 1 and 6)	, ,	<del>(</del>	9
8. Total Value of I	In Kind Contributions Received This	Period	<del>)</del>	
	EXPEN	SES SUMMARY		
-	Expenses Paid This Period in Exce s Contracted for This Period, But No			
	y Expenses Paid This Period of \$10 s Contracted for This Period, But No			
13. Expense for Fil	ling Fee Paid This Period (Do not Ir	nclude in Line 9 or 11 Above)		<del></del>
14. Total Amount	of All Monetary Expenses Paid (	Add Lines 9, 11, and 13)	\ <del>\</del>	1
15. Total Value of	In Kind Expenses This Period			
	ENDING	Cash on Hand		ナム
16 Cook on Hone	d at Close of This Reporting Perio	ad (Subtract Line 14 from Line)	, <b>7</b> )	D Do

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Contributions in Excess of \$100 or, When Added Together from One Contributor Exceeds \$100

CONTRIBUTOR'S NAME AND ADDRESS	DATE OF EACH CONTRIBUTION	AMOUNT OF EACH CONTRIBUTION	CHECK HERE IF LOAN
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### **Expense Categories**

CATEGORIES	CODE
Office expenses	Α
Expenses related to volunteers	В
Expenses related to travel	С
Expenses related to advertising	D
Expenses related to paid staff	E
Expenses related to consultants	F
Expenses related to polling	G
Expenses related to special events	<b>H</b> ;
** Goods and services provided in kind for which money would otherwise have been paid	
Other miscellaneous expenses	J

\*\* NRS 294A.362 requires "In Kind" contributions and expenses to be reported on a separate form, which is attached.

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**Expenses in Excess of \$100** 

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NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE PAYMENT FOR THE EXPENSE(S)	CATEGORY (See Previous Page) NRS 294A 365	DATE OF EACH EXPENSE	AMOUNT OF EACH EXPENSE
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### **IN KIND**

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#### **IN KIND**

**Expenses in Excess of \$100** 

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE IN KIND GOOD(S) OR SERVICE(S)	DESCRIPTION OF EACH IN KIND EXPENSE	DATE OF EACH IN KIND EXPENSE	VALUE OR COST OF EACH IN KIND EXPENSE
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## Expenses of \$100 or Less

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Prescribed by Secretary of State
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PAGE 10 OF 10